

CONVENTION & TOURISM TAX - FOOD ESTABLISHMENT

City of Kansas City, Missouri
Revenue Division
Free E-filing: <http://www.kcmo.org/cttax>

Phone
(816) 513-1120

RD-107
(09/09)

Period From:

Period To:

Legal Name:

FEIN Number:

Mailing Address:

Account ID:

DBA Name:

Due Date:

Business Address:

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1135.

1. Date if closed

M	M
<input type="text"/>	<input type="text"/>

 /

D	D
<input type="text"/>	<input type="text"/>

 /

Y	Y
<input type="text"/>	<input type="text"/>

2. "X" if amended ☐

3. Food (excluding liquor)

4. Liquor Sales

5. Gross Receipts

6a. Add Any Gross Receipts not included on line 5 +

6b. Decrease/Exemption to line 5 -

7. Taxable Sales

8. Total Tax Due (Rate: 2% of Taxable Sales)

9. 2% Timely (only if paid before due date) -

10. Tax Due

11. Interest (3% per annum until tax is paid in full) +

12. Penalty (5% per month, not to exceed 25%) +

13. Previous Credit -

Make check payable to: CITY TREASURER
DO NOT SEND CASH
Mail Return to: P.O. Box 804107
Kansas City MO 64180-4107

14. Amount Due

15. Amount Paid

DOLLARS

CENTS

Under penalties of perjury, I declare this to be a true, correct, and complete return for the tax period stated.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. Yes ☐ No ☐

Taxpayer Signature

Print Name

Title

Date

Phone

Preparer's Signature (if other than taxpayer)

Print Name

Title

Date

Phone

17893

Worksheet and Instructions for completing Food Establishment Return (RD-107A)**WORKSHEET MUST BE COMPLETED AND ATTACHED TO RETURN**

-
- Line 1** If this is a final return under this ownership, enter date business closed.
- Line 2** Place an "X" if this amends a previously submitted return for the same period.
- Line 3** Enter total gross receipts - Food Sales.
- Line 4** Enter total gross receipts - Liquor Sales.
- Line 5** Enter gross receipts (line 3 plus line 4).
- Line 6a** List any increase to gross receipts not included in Line 5; if none enter zero.
- Itemized Adjustments**
- | | |
|--|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Adjustment (enter on line 6a of RD-107) | \$ _____ |
- Line 6b** List any decrease to gross receipts not included in Line 5; if none enter zero.
- Itemized Adjustments**
- | | |
|--|-----------------|
| Less - _____ | \$ _____ |
| Less - _____ | \$ _____ |
| Total Adjustment (enter on line 6b of RD-107) | \$ _____ |
- Line 7** Enter taxable sales (line 5 plus or minus line 6).
- Line 8** Enter total tax due (2% of line 7).
- Line 9** If return is filed and paid prior to due date, enter discount amount (2% of line 8).
- Line 10** Enter tax due (line 8 minus line 9).
- Line 11** If return is delinquent, enter amount of interest due (**0.25%** of line 10 per month).
- Line 12** If return is delinquent, enter amount of penalty due (5% of line 10 per month, not to exceed 25%).
- Line 13** Enter amount of overpayment on previous returns.
- Line 14** Enter amount due (line 10, 11, and 12 minus line 13).
- Line 15** Enter amount paid.

MAKE CHECK PAYABLE TO: CITY TREASURER**MAIL TO: REVENUE DIVISION, P. O. BOX 804107, KANSAS CITY, MO 64180-4107****(Retain copies of your convention & tourism tax filings for at least three years from original date due).**Visit our website at www.kcmo.org/revenue for more forms and instructions